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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/157,101 09/30/1999 *CB* 12/23/05

** FOREIGN APPLICATIONS *****

CB None 12/23/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/06/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SWITZERLAND	13	67	3
Verified and Acknowledged	<i>[Signature]</i> <i>CB</i> Examiner's Signature Initials				

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TITLE

Business process framework for reinsurance

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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